PTO/SB/30 (09-06)
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e Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## Request **Application Number** 10/500,729-Conf. #6842 for July 20, 2004 Continued Examination (RCE) Filing Date **Transmittal BO WIDEN** First Named Inventor Address to: Mail Stop RCE 3676 Art Unit **Commissioner for Patents** P.O. Box 1450 **Examiner Name** Lloyd A. Gall Alexandria, VA 22313-1450 Attorney Docket Number 0091-0239PUS1

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

<ol> <li>Submission required under 37 CFR 1.114         Note: If the RCE is proper, are amendments enclosed with the RCE will be entered in the order in which they we applicant does not wish to have any previously filed unentered amendment(s) eramendment(s).     </li> </ol>	ere filed unless applicant instructs otherwise. If							
a. x Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.								
i. Consider the arguments in the Appeal Brief or Reply Brief pr	i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on							
ii. X Other Enter Amendment filed March 6, 2007	ii. X Other Enter Amendment filed March 6, 2007							
b. Enclosed								
i. Amendment/Reply iii. Information	Disclosure Statement (IDS)							
ii. Affidavit(s)/Declaration(s) iv. Other								
2. Miscellaneous								
a. Suspension of action on the above-identified application is requ	uested under 37 CFR 1.103(c) for a							
period of months. (Period of suspension shall not ex								
b. Other								
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.								
a. X The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. 02-2448 . I have enclosed a duplicate copy of this sheet.								
i. X RCE fee required under 37 CFR 1.17(e)								
ii. Extension of time fee (37 CFR 1.136 and 1.17)								
iii. Other	<del></del>							
b. Check in the amount of \$ enck	osed							
c. Payment by credit card (Form PTO-2038 enclosed)								
SIGNATURE QE APPLICANT, ATTORNEY, OR AGENT REQUIRED								
Signature Call, June	Date April 24, 2007							
Name (Print/Type) James M. Slattery 50, 786	Registration No. 28,380							
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*	Complete if Known							
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application No		0/500,729-Conf. #6842			
FEE TRANSMITTAL		<del></del>		July 20, 2004				
		·		BO WIDEN				
For FY 2007					Not Yet Assigned			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit N/A					
TOTAL AMOU	NT OF PAYMENT	(\$) 790.00	Attorney Docket No. 0091-0239PUS1					
METHOD OF	PAYMENT (check	all that apply)						
Check	Credit Card	Money Order No	ne Othe	r (please identi	fy):			
X Deposit Ac		Lumber: 02-2448 Deposit Ac		•	wart, Kolasch	& Birch, LL		
·		sit account, the Director is					<del></del>	
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fe	e(s) under 37 CFR 1.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
FEE CALCU								
1. BASIC FILIN	G, SEARCH, AND EX FIL		ARCH FEES Small Entity		ATION FEES Small Entity	1		
<b>Application T</b>	ype <u>Fee (\$</u> )			Fee (\$)	Fee (\$)	Fees Pa	ıid (\$)	
Utility	300	150 500	250	200	100			
Design	200	100 100	50	130	65			
Plant	200	100 300	150	160	80			
Reissue	300	150 500	250	600	300			
Provisional	200	100 0	0	0	0			
2. EXCESS CL	AIM FEES					S	mail Entity	
Fee Description						Fee (\$)	Fee (\$)	
Each claim ove	r 20 (including Reissi	ues)				50	25	
-	ent claim over 3 (inclu	iding Reissues)				200	100	
Multiple depend	dent claims					360	180	
Total Claims	Extra Claims	Fee (\$) Fee	Paid (\$)	<u>Mu</u>	Multiple Dependent Claims			
18	- = x			<u>Fee</u>	<del>) (\$)</del>	Fee Paid (\$)		
HP = highest num	ber of total claims paid for,	if greater than 20.					_	
Indep. Claims 4	Extra Claims		Paid (\$)					
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		he application size fee du 5 U.S.C. 41(a)(1)(G) and			tity) for each a	dditional 50		
Total Sheet	s Extra Sheets	Number of each a	idditional 50 or fr	action thereof	Fee (\$)	Fee Pa	aid (\$)	
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4. OTHER FEE(S)  Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00								
Other (e.g.,	ate ming surcharge):	100 I Request for con	unueu examin	ation (RCE)	(588 37		.00	
SUBMITTED BY	//////	06						
Signature	Ved V	- Umin	Registration No. (Attorney/Agent) 28,380 Telephone (703) 205-8000		-8000			
Name (Print/Type)	James M. Slattery	50;	186		Date	April 24,	2007	

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